

## **CHAPTER 50**

### **TRANSPORTATION MANUAL**

**Division of Medical Assistance and Health Services  
TRANSPORTATION SERVICES MANUAL**

**N.J.A.C. 10:50**

**June 3, 2002**

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## **SUBCHAPTER 1. GENERAL PROVISIONS**

### **10:50-1.1 Scope**

This chapter describes the policies and procedures of the New Jersey Medicaid and NJ FamilyCare programs for reimbursement of approved providers of transportation services. Questions about this chapter may be directed to any Medical Assistance Customer Center (MACC) listed in N.J.A.C. 10:49 Appendix or to the Division of Medical Assistance and Health Services, PO Box 712, Trenton, New Jersey 08625-0712.

### **10:50-1.2 Definitions**

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

"Air ambulance service" means the provision of emergency or non-emergency medical transportation in an aircraft (fixed wings) certified by and operated in accord with Federal Aviation Administration requirements.

"Emergency condition" means an illness or injury of such magnitude and gravity as to constitute an imminent threat to life or limb or where there may be intractable pain.

"Ground ambulance service" means the provision of emergency or non-emergency medical transportation in a vehicle that is licensed, equipped, and staffed in accord with New Jersey State Department of Health rules, as specified in N.J.A.C. 8:40.

"Loaded mile" means mileage accrued when a vehicle is actually carrying a Medicaid or NJ FamilyCare fee-for-service beneficiary.

"Mobility assistance vehicle service" means the provision of non-emergency health care transportation in a vehicle that is licensed, equipped, and staffed in accord with New Jersey State Department of Health and Senior Services rules, as specified in N.J.A.C. 8:40, by certified trained personnel, for sick, infirm or otherwise disabled individuals who are under the care and supervision of a physician and whose medical condition is not of sufficient magnitude or gravity to require transportation by ambulance, but whose medical condition requires transportation from place to place for medical care, and whose use of an alternate form of transportation, such as taxicab, bus, other public conveyance or private vehicle might create a serious risk to life and health.

"Multiple loading" means that more than one Medicaid or NJ FamilyCare fee-for-service beneficiary is being transported in the same vehicle at the same time.

"Provider" means air ambulance (fixed wings) service, ground ambulance service, and

mobility assistance vehicle service.

"Transportation" means the use of an approved vehicle to move a Medicaid or NJ FamilyCare fee-for-service beneficiary from place to place for the purpose of obtaining a Medicaid-covered or NJ FamilyCare-covered service.

"Transportation reimbursement allowance" means that claims are paid on a fee-for-service basis, as indicated in N.J.A.C. 10:50-2, HCFA Common Procedure Coding System (HCPCS).

"Waiting time" means that period of actual time, in increments of 15 minutes, beginning 30 minutes following delivery of the beneficiary to his or her destination, for ground ambulance and mobility assistance vehicle service.

### **10:50-1.3 General policies for participation**

(a) The approval process for becoming a transportation service provider is as follows:

1. Each transportation provider must be individually approved for each type of service provided. The Division of Medical Assistance and Health Services, Department of Human Services, in conjunction with the Fiscal Agent for the New Jersey Medicaid and NJ FamilyCare programs, must approve each provider before reimbursement can be made to that provider for a transportation service.

2. The Provider Application (Form FD-20), Provider Agreement (Form FD-62), and Ownership and Control Interest Disclosure Statement (HCFA-1513) may be obtained from the Fiscal Agent for the New Jersey Medicaid and NJ FamilyCare programs.

3. A ground ambulance company providing service in New Jersey shall possess a provider license and vehicle license(s) issued by the New Jersey State Department of Health and Senior Services.

i. A potential provider seeking approval to provide ground ambulance service shall forward photocopies of the provider license and vehicle license(s) to the Fiscal Agent for the New Jersey Medicaid and NJ FamilyCare Programs.

4. A mobility assistance vehicle company providing service in New Jersey shall possess a provider license and vehicle license(s) issued by the New Jersey State Department of Health and Senior Services in accordance with N.J.A.C. 8:40.

i. A potential provider seeking approval to provide mobility assistance vehicle service shall forward photocopies of the provider license and vehicle license(s) to the Fiscal Agent for the New Jersey Medicaid and NJ FamilyCare programs.

ii. A mobility assistance vehicle service provider must submit their enrollment application and all the required documentation specified in (a)4i above no later than November 30, 1998. Failure to complete and file the application by November 30, 1998, will preclude enrollment as a Medicaid or NJ FamilyCare provider. Subsequent to November 30, 1998, enrollment applications will only be accepted for transfers of ownership. Exceptions will be considered by the Division on a case-by-case basis only if

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the Division determines there is a lack of access to services.

5. The completed provider agreement, disclosure statement, and/or provider application shall be submitted to the Fiscal Agent.

6. Once approved, the applicant will receive the following from the Fiscal Agent: a provider number; a Transportation Services Manual; an initial supply of claim forms; and, if applicable, an initial supply of prior authorization forms.

(b) As a condition of participation, the transportation provider agrees to bill the New Jersey Medicaid and NJ FamilyCare programs for services provided by the billing entity only. If the provider seeks reimbursement for services performed by any other organization or entity, whether a franchise, independent contractor, etc., full disclosure in writing of the financial and organizational arrangement between said entities shall be made to, and approved in advance by, the Division of Medical Assistance and Health Services.

(c) A transfer of ownership by or to any person or entity not currently enrolled and actively participating as a provider of mobility assistance vehicle service in the New Jersey Medicaid and NJ FamilyCare programs shall be considered a new application and shall be denied in accordance with the standards contained in (a) 4ii above.

1. Active participation means that the New Jersey Medicaid Management System (NJMMIS) reflects paid claims for transportation service, for both the buyer and seller, with dates of service within six months prior to the transfer of ownership.

2. A currently enrolled provider shall notify the Division of a transfer of ownership, in writing, within 30 days of the transfer of ownership. Failure to provide written notice shall result in the termination of the provider's Medicaid ID number and cancellation of the Provider Agreement.

3. A change in ownership of an existing provider entity that results in a new Federal tax ID number (EIN) requires a new Medicaid provider application and issuance of a new Medicaid provider number.

4. A change in ownership of an existing provider entity that does not result in a new Federal tax ID number (EIN) requires the completion and submission of an updated Form HCFA-1513, Disclosure of Ownership and Control Interest Statement. The updated HCFA-1513 is required when there is a change in those persons or entities with a direct or indirect ownership interest of five percent or more, as defined in Form HCFA-1513. The Medicaid provider number remains the same when the Federal tax ID number (EIN) is unchanged.

5. All changes of ownership, or changes in the owners of an existing provider entity, shall comply with the licensure requirements of the New Jersey State Department of Health and Senior Services licensure requirements at N.J.A.C. 8:40.

(d) A transportation company's Medicaid provider ID number shall be cancelled and Provider Agreement terminated due to inactivity based on a review of the NJMMIS, in

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accordance with the standards contained in (c)1 above. The effective date of cancellation shall correspond to the company's last service date as reflected in the NJMMIS.

#### **10:50-1.4 Services covered by the New Jersey Medicaid and NJ FamilyCare programs**

(a) Ground ambulance service is a covered service under the following conditions:

1. When such service is not free and available in the community;
2. When the service is the least expensive mode of transportation suitable to the individual's needs, as indicated in N.J.A.C. 10:50-1.6(a);
3. When the service is provided as specified in the rules of the New Jersey State Department of Health and Senior Services at N.J.A.C. 8:40-5, Specific Transport Ambulance Requirements, or N.J.A.C. 8:40-6, Specific Emergency Ambulance Requirements;
4. When the use of any other method of transportation is medically contraindicated;
5. The ambulance crew shall comply with the duties of staff as specified in New Jersey State Department of Health and Senior Services rule N.J.A.C. 8:40-6.21;
6. An air ambulance (fixed wings), under extenuating circumstances, may be used as a carrier to transport the sick, injured or disabled Medicaid or NJ FamilyCare fee-for-service beneficiary;
  - i. The service is restricted to the emergency condition where transportation by air is medically considered the only acceptable form of travel and the conditions are such that its utilization is feasible. The Division retains the option to utilize this form of transportation in such situations where, at the Program's discretion, it could represent a significant cost savings when compared to ground ambulance or mobility assistance vehicle service involving trips covering similarly long distances.
7. Mobile Intensive Care Unit/Advanced Life Support (MICU/ALS) service and associated Ambulance/Basic Life Support (Ambulance/BLS) service are reimbursable by the Medicaid or NJ FamilyCare fee-for-service program only when billed on a single claim by the hospital providing the MICU/ALS service. Transportation companies providing the Ambulance/BLS service associated with a MICU/ALS run shall bill the hospital providing the MICU/ALS service and shall not bill the Medicaid or NJ FamilyCare program directly for this service.

(b) Mobility assistance vehicle service is a covered service under the following conditions:

1. When similar service is not free and available in the community;
2. When the service is the least expensive mode of transportation suitable to the individual's needs, as indicated at N.J.A.C. 10:50-1.6(a);
3. When the service is provided as specified in the rules of the New Jersey State Department of Health and Senior Services at N.J.A.C. 8:40-4, Specific Mobility Assistance Vehicle Requirements;
4. When the service is provided to a Medicaid or NJ FamilyCare fee-for-service

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beneficiary as indicated at N.J.A.C. 10:50-1.6(a); and

i. If the beneficiary is a sick, infirm or otherwise disabled individual under the care and supervision of a physician;

ii. If the beneficiary's medical condition is not of sufficient magnitude or gravity to require transportation by ambulance, but does require transportation from place to place for medical care; and

iii. If the use of an alternate form of transportation, such as taxicab, bus, other public conveyance or private vehicle, might create a serious risk to the beneficiary's life and health.

5. The mobility assistance vehicle driver and/or crew shall comply with New Jersey State Department of Health and Senior Services rules governing the duties of staff, as specified in N.J.A.C. 8:40-4.8. In addition, the mobility assistance vehicle driver and/or crew shall:

i. Provide "portal-through-portal" (door-through-door) assistance at the beneficiary's place of departure and destination; and

ii. Provide assistance in the placement and removal of the beneficiary into and out of the vehicle at his or her place of departure and destination.

6. In accordance with New Jersey State Department of Health and Senior Services rules, as indicated in N.J.A.C. 8:40-4.1(b), mobility assistance vehicle service shall not be provided to a patient who requires (based upon current medical condition or past medical history):

i. Transportation in a prone or supine position or who is bed or stretcher bound;

ii. Constant attendance due to a medical and/or mental condition;

iii. Aspiration;

iv. Management or observation of intravenous fluids and/or intravenous medications unless:

(1) The device is totally self-sufficient, including medication supply and patient interface devices;

(2) The device requires no interaction or intervention by staff of the vehicle; and

(3) The device is of the type approved by the FDA for home administration of medications;

v. An automatic ventilator or whose breathing is ventilator assisted unless:

(1) The device is totally self-sufficient (including gas supply and power source);

(2) The device requires no monitoring or interaction by staff of the licensee; and

(3) The device is of the type approved for home use on patients;

vi. Emergency medical services or other emergency services, such as emergency inter-hospital transfer;

vii. Treatment in the emergency department of a hospital (for other than routine, non-emergency, follow-up care of a previously diagnosed condition);

viii. Treatment in, or admission to, the obstetrical unit (labor and delivery suite) or the intensive and/or coronary care unit of a hospital; or

ix. Transportation in physical behavioral restraints.

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7. The mobility assistance vehicle shall carry no more than four beneficiaries at one time. All wheelchairs shall be restrained and the driver and all vehicle occupants shall wear automotive safety belts, in accord with New Jersey State Department of Health and Senior Services rules, as specified in N.J.A.C. 8:40.

8. The use of an extra crew for mobility assistance vehicle services is covered when two or more persons are used to move a beneficiary under the following circumstances:

- i. The beneficiary is wheelchair bound;
- ii. The beneficiary's place of departure or destination has no elevator service available; and

- iii. The beneficiary is unable to ambulate even with the assistance of another person, such as the mobility assistance vehicle driver; and

- (1) The beneficiary's place of departure or destination is accessible only by means of five or more steps; or

- (2) The beneficiary's place of departure or destination is accessible only by means of two or more steps and he or she weighs 200 or more pounds.

(c) Mobility assistance vehicle service is not a covered service under the following conditions:

- 1. If an alternate form of transportation, such as taxicab, bus, other public conveyance or private vehicle, might be used without creating a serious risk to the individual's life and health.

- 2. When a mobility assistance vehicle is used simply for the convenience of the passenger or the mobility assistance vehicle provider.

- 3. When, upon the Division's review, it is determined that the mobility assistance vehicle company did not take necessary and conclusive steps to substantiate the individual's need for mobility assistance vehicle service prior to providing the service.

- 4. When, regardless of a previously obtained approval from a Medical Assistance Customer Center (MACC) or other program-designated agent of the Division of Medical Assistance and Health Services, the individual's condition at the time of transport did not meet the requirements for the provision of mobility assistance vehicle service as specified in this section.

- 5. When, upon the Division's review, it is determined that the mobility assistance vehicle provider did not notify the appropriate MACC or other program-designated agent of the Division of Medical Assistance and Health Services when it was apparent to a driver that an individual's condition improved to the extent that mobility assistance vehicle service was no longer necessary.

- i. In such instances, a driver shall so notify the mobility assistance vehicle provider and the mobility assistance vehicle provider shall so notify the MACC or other program-designated agent of the Division of Medical Assistance and Health Services.

(d) Services reimbursed indirectly by the New Jersey Medicaid or NJ FamilyCare fee-for-service programs include transportation by taxi, train, bus, plane, and other public

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conveyances. Reimbursement for arranging and/or providing these "lower-mode" transportation services, including mileage reimbursement for the use of an individual's vehicle, is made by the appropriate county board of social services on behalf of the New Jersey Medicaid or NJ FamilyCare Plan A fee- for-service programs.

1. Lower-mode transportation services may be procured by county boards of social services through competitive bid arrangements, inter-governmental agreements with county paratransit agencies, contracts with transportation companies, or other means including, but not limited to, the use of county- owned and operated vehicles.

(e) Other administrative arrangements exist in counties where boards of social services do not participate in arranging and/or providing lower-mode transportation services or in counties that arrange and/or provide only minimal services. Arrangements include, but are not limited to, State contracts with transportation companies, inter-governmental agreements with county paratransit agencies, and the purchase and distribution of monthly bus passes and tickets by MACCs.

#### **10:50-1.5 Prior authorization for transportation services**

(a) Prior authorization from the Medical Assistance Customer Center (MACC) or other program-designated agent of the Division of Medical Assistance and Health Services is required for air ambulance service and mobility assistance vehicle service. See (g) below for the policy concerning prior authorization for Medicaid and NJ FamilyCare fee-for-service beneficiaries transported by a mobility assistance vehicle to/from a nursing facility.

(b) Procedures for obtaining prior authorization are as follows:

1. The provider submits a Transportation Prior Authorization Form (MC-12(A)) to the appropriate program-designated agent. Upon receipt of this document, a staff person reviews the information to verify the medical necessity for the use of the respective mode of transportation and approves or denies the request. The data is then sent electronically to the Fiscal Agent. If the request is approved, the provider is notified in writing by the Fiscal Agent of the decision and the authorized date or time frame. If the request is denied or if additional information is required, the provider is notified in writing by the Fiscal Agent.

(c) Prior authorization for air ambulance (fixed wings) service includes approval of both the service and the rate of reimbursement for the service as indicated in N.J.A.C. 10:50-1.6(i).

1. The following documentation shall be submitted to the MACC or other program designated agent of the Division of Medical Assistance and Health Services in support of both written and oral requests for air ambulance authorization:

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i. A detailed explanation of the reason(s) why air ambulance service, as opposed to ground ambulance service or mobility assistance vehicle service, is medically considered the only acceptable form of travel, as indicated in N.J.A.C. 10:50-1.4(a)6;

ii. A detailed description of the beneficiary's health condition at the time of transport;

iii. A log showing actual flight time; and

iv. An itemized bill.

2. As indicated in N.J.A.C. 10:50-1.4(a)6, reimbursement for the use of air ambulance service may be considered only under extenuating circumstances after all alternative, less costly modes of transportation have been considered and ruled out.

(d) A request for mobility assistance vehicle prior authorization shall include documentation of the Medicaid or NJ FamilyCare fee-for-service beneficiary's current medical diagnosis, impairment, and functional limitations. This documentation shall be sufficient to enable a staff person to make a decision concerning the individual's need for mobility assistance vehicle service. The documentation shall include, but not be limited to, factors that affect the individual's ability to walk and to use an alternative mode of service such as public transportation, livery, clinic van, taxicab, bus, or a county-administered, lower mode of service. A request that does not contain sufficient documentation to enable a staff person to make a decision concerning the individual's need for mobility assistance vehicle service shall be returned to the mobility assistance vehicle service provider for correction. A request for a renewal of an existing approval shall contain current, updated documentation of the individual's medical condition, impairment, and functional limitations.

1. In addition to current medical diagnoses, the documentation submitted shall include a narrative description of the individual's current medical condition, impairment, and functional limitations. The narrative shall include a description of how the individual's current medical condition or impairment affects his or her ability to function with respect to transportation services, specifically the mobility assistance vehicle mode of service. A diagnosis(es) entered on Form MC-12(A) shall not serve as a substitute for a narrative description of the Medicaid or NJ FamilyCare fee-for service beneficiary's current medical condition, impairment, and functional limitations. A physician's statement containing the required description may be attached to the MC-12(A) to support the statements required in Items 10 and 12 on the MC-12(A).

2. The MC-12(A) shall include an explanation as to why the individual's current medical condition, impairment, and functional limitations are of sufficient severity to require the use of a mobility assistance vehicle, as opposed to an alternative mode of service such as public transportation, livery, clinic van, taxicab, bus, or a county-administered, lower mode of service. Terms such as "examination and treatment," "doctor's appointment" or "medical condition" as a reason for the use of a mobility assistance vehicle shall not be accepted.

3. The MC-12(A) shall contain a narrative that fully and completely addresses the need for mobility assistance, such as the following: "The use of an alternative, lower mode of

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transportation would create a serious risk to this individual's life and health because . . .  
."

4. If deemed necessary by the MACC or other program-designated agent of the Division of Medical Assistance and Health Services, additional documentation of the Medicaid or NJ FamilyCare fee-for-service beneficiary's current medical condition may be required. The description shall include an explicit description of the individual's impairment and functional limitations and shall include a signed physician's prescription, certificate of medical necessity, and/or a functional assessment form.

5. If no other modes of transportation service for ambulatory individuals are appropriate or available, the use of Mobility Assistance Vehicle service shall be approved based on documentation demonstrating that alternative modes of transportation service are inappropriate or unavailable. Documentation of an ambulatory Medicaid or NJ FamilyCare fee-for-service beneficiary's medical condition, impairment, and functional limitations shall be complete and current.

(e) A request for mobility assistance vehicle prior authorization may be approved for an extended period of time when, in the opinion of a staff person, the Medicaid or NJ FamilyCare beneficiary's health condition will not improve to the extent that a lower mode of service would be appropriate during the period under consideration. An extended authorization may range from one month through 12 months in duration.

1. After the provider receives approval from the Fiscal Agent for the extended period of time, claims for reimbursement for actual trips provided during the extended period of time may be forwarded by the provider directly to the Fiscal Agent for processing.

2. A mobility assistance vehicle service provider's request for prior authorization for a Medicaid or NJ FamilyCare fee-for-service beneficiary shall not be approved by the MACC or other program-designated agent of the Division of Medical Assistance and Health Services if the requested dates of service span another provider's previously approved dates of service. Exceptions may be made on a case-by-case basis upon the investigation of the specific circumstances involved.

(f) Retroactive request for authorization for new services will be evaluated based on the standards in this subsection. Retroactive requests for renewals of existing periods of authorization shall not be approved. When communication between the provider and the MACC or other program-designated agent of the Division of Medical Assistance and Health Services cannot be established and the provision of the service cannot be delayed, the provider may perform the service. In such instances, the provider shall request retroactive authorization within 10 working days from the date of service. The request for retroactive authorization shall follow the procedures specified in (b)1 above. The provider will be notified in writing by the Fiscal Agent that the request has been approved, denied, or that additional information is required. A retroactive request for authorization shall be accompanied by a properly completed, signed, and dated transportation certification form, as required by N.J.A.C. 10:50-1.7, for each requested

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date of service for each beneficiary.

(g) Authorization is not required for mobility assistance vehicle service when a beneficiary's place of origin or destination is a nursing facility or intermediate care facility for the mentally retarded. A nursing facility (formerly called a long-term care facility) is defined in the Long-Term Care Services Manual, N.J.A.C. 10:63. In these instances only, providers may render the mobility assistance vehicle service and submit a Transportation Claim (Form MC-12) directly to the Fiscal Agent for the New Jersey Medicaid and NJ FamilyCare programs without obtaining authorization from the MACC or other program-designated agent of the Division of Medical Assistance and Health Services. A post-payment review will be conducted on an ongoing basis to ensure the accuracy and validity of claims submitted for reimbursement.

1. The HCFA Common Procedure Coding System (HCPCS) procedure codes used when billing the base allowance for mobility assistance vehicle service in these instances must be followed by the modifier "XA," as indicated in N.J.A.C. 10:50-2, HCFA Common Procedure Coding System (HCPCS).

(h) A request for mobility assistance service, for a single trip and for an extended period of time, shall be destination specific. If a mobility assistance vehicle provider is aware of a beneficiary's intended places of destination, a listing shall be provided in Item 18 (REMARKS) on the original (first) Transportation Prior Authorization (PA) form. A mobility assistance provider shall forward written notification to the appropriate MACC or other program-designated agent of the Division of Medical Assistance and Health Services in one of the following ways whenever there is a change in a beneficiary's formerly approved place of destination as entered on the original PA form:

1. List the revised places of destination in Item 18 (REMARKS) on a photocopy of the original (first) PA form;

2. List the revised places of destination on a separate page and attach it to the original (or photocopied) PA form; or

3. Forward a photocopy of each Transportation Certification Form, indicating the revised place of destination, as an attachment to a photocopy of the original PA form.

(i) Each of the three methods of forwarding written notification to the appropriate MACC or other program-designated agent of the Division of Medical Assistance and Health Services listed in (h) above shall include the name, address, and telephone number of the medical facility at the place of destination. In each case, the documentation shall be received by the appropriate MACC within five working days of the date of service. The Division reserves the right to retroactively deny any previously approved PA request if a place of destination is subsequently determined by the Division to be inappropriate.

(j) A photocopy of the MC-12(A) form shall be retained on file at the provider's place of

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business for a minimum period of five years from the date the corresponding service was rendered. The MC-12(A) form shall be made available for review upon request by staff of the Division of Medical Assistance and Health Services or the Division's Fiscal Agent during this period of time. If a MC-12(A) form is not on file for each service, or does not contain all the required documentation as indicated in this section, Medicaid or NJ FamilyCare reimbursement for the service is subject to recoupment as indicated in N.J.A.C. 10:49-9.9.

#### **10:50-1.6 Reimbursement policy**

(a) The least expensive mode of transportation suitable to the Medicaid or NJ FamilyCare fee-for-service beneficiary's needs shall be used:

1. For example, trips by mobility assistance vehicle to/from a clinic that provides Medicaid or NJ FamilyCare-reimbursed van service for the clinic's ambulatory clients are not appropriate and shall not be Medicaid or NJ FamilyCare reimbursable, because clinic-reimbursed van services are less costly to the programs than mobility assistance vehicle services.

(b) Mileage for ground ambulance service and mobility assistance vehicle service shall be measured by odometer from the point at which the Medicaid or NJ FamilyCare fee-for-service beneficiary enters the vehicle to the point at which he or she exits the vehicle.

1. Medicaid or NJ FamilyCare fee-for-service beneficiaries shall be transported to/from medical appointments in a manner that results in the accrual of the least number of miles.

2. There may be instances in which a driver takes a faster-but-longer route to avoid traffic congestion or road construction. Mileage based on the faster- but-longer route shall be acceptable if the reason for the route is fully documented on the Transportation Certification Form.

(c) In a multiple load situation for ground ambulance service and mobility assistance vehicle service, the amount reimbursable for loaded mileage accrued is only applicable to one beneficiary. Total mileage is equivalent to the total distance traveled by the beneficiary from point of departure to point of destination. No allowance is reimbursable for any mileage accrued by additional beneficiaries in the multiple load situation.

(d) For trips by ground ambulance and mobility assistance vehicle in excess of 15 miles one way, loaded mileage is reimbursable beginning with the first mile, at a higher rate as indicated in N.J.A.C. 10:50-2, HCFA Common Procedure Coding System (HCPCS). The higher rate of reimbursement is applicable to both the one-way trip and to the return/round trip.

(e) There is no reimbursement for waiting time on round trips, and it is limited to a

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maximum of one hour on one-way trips at the point of destination, not at the point of departure. Waiting time is only applicable to one beneficiary in a multiple load situation.

(f) Transportation service provided to a Medicaid or NJ FamilyCare fee-for- service beneficiary is reimbursable by the New Jersey Medicaid or NJ FamilyCare programs under the following conditions only:

1. The medical care provider/facility to which and/or from which the beneficiary is being transported either participates as a provider in the Medicaid or NJ FamilyCare program or meets the requirements for participation as a provider in the Medicaid and NJ FamilyCare programs; and

2. The medical service rendered to the beneficiary by the provider/facility is a covered Medicaid or NJ FamilyCare service (as listed in N.J.A.C. 10:49) at the time the transportation is provided.

(g) Reimbursement shall not be permitted when a Medicaid or NJ FamilyCare fee- for- service beneficiary is transported under the following conditions:

1. For the purpose of obtaining a non-Medicaid or non-NJ FamilyCare-covered service, such as a service that is primarily educational, vocational, or social in nature;

2. From home to a medical day care center or the reverse;

3. From a medical day care center to any service provided indirectly by a medical day care center; and

4. From a nursing facility to a clinic to obtain partial care services, as indicated in N.J.A.C. 10:63-2.20(a)6.

(h) For ambulatory individuals, if other modes of transportation are appropriate or available, Medicaid or NJ FamilyCare fee-for-service beneficiaries do not qualify for ambulance service or mobility assistance vehicle service. The appropriate Medicaid-reimbursed modes of transportation service for ambulatory individuals, in most cases, are public transportation, livery, clinic van, taxicab, bus, or county-administered, lower modes of service.

1. An ambulatory Medicaid or NJ FamilyCare fee-for-service beneficiary's need for ambulance service or mobility assistance vehicle service is not established solely by the fact that a driver escorts or accompanies an individual who has no mobility related problem, is not of full legal age (a minor child), or is unable to communicate in the English language.

2. Trips by ambulance or mobility assistance vehicle provided to ambulatory Medicaid or NJ FamilyCare fee-for-service beneficiaries to or from a clinic that provides Medicaid or NJ FamilyCare-reimbursed van service for the clinic's ambulatory clients are not appropriate and shall not be Medicaid or NJ FamilyCare reimbursable.

(i) Air ambulance (fixed wings) reimbursement shall be based on a rate authorized by the MACC or other program-designated agent of the Division of Medical Assistance and

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Health Services, not to exceed the charge made to non-Medicaid beneficiaries for the same service.

(j) Hospital-based transportation service provided to a Medicaid or NJ FamilyCare fee-for-service beneficiary shall be recognized by the Division as a covered outpatient hospital service under the conditions set forth in the hospital services rules, specifically N.J.A.C. 10:52-2.15.

(k) When a transportation provider renders a round trip service to a Medicaid or a NJ FamilyCare fee-for-service beneficiary in a general hospital whose status remains "inpatient," the transportation provider bills the hospital for the service.

(l) If a nursing facility transports a Medicaid or NJ FamilyCare fee-for-service beneficiary, reimbursement is considered as part of the per diem rate. No further reimbursement is allowed.

(m) No additional payment is made for the use of medical supplies and/or equipment. Exception: Oxygen is reimbursable on a per occurrence basis when provided to a Medicaid or NJ FamilyCare fee-for-service beneficiary during an ambulance trip or mobility assistance vehicle trip.

(n) If a transportation service is operated by an organization which has established a policy of providing service without cost for a specific class of individuals, or individuals living within a given area, then it shall be understood that such service is also available without cost to individuals falling within such category who are covered under the New Jersey Medicaid or NJ FamilyCare program.

(o) A transportation company shall not charge the New Jersey Medicaid or NJ FamilyCare fee-for-service program a higher rate than the rate charged by the transportation company to provide similar service to private-pay, non-New Jersey Medicaid or NJ FamilyCare-covered individuals.

(p) Eligible transportation costs for Medicaid or NJ FamilyCare fee-for-service beneficiaries who are required to make regular visits to medical facilities outside the immediate community are reimbursable only if the required services are not available within the community.

#### **10:50-1.7 Transportation certification**

(a) The Fiscal Agent Billing Supplement contains a sample transportation certification form and instructions for the form's proper completion. The elements appearing on the sample transportation certification form shall appear on all certification forms furnished and prepared by the transportation provider. In addition to the elements appearing on

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the sample transportation certification form in the Fiscal Agent Billing Supplement, a provider's transportation certification form for ground ambulance and mobility assistance vehicle service shall contain the following documentation:

1. Beginning and ending mileage amounts for each trip as measured by the vehicle's odometer. Mileage amounts shall accurately reflect the point at which the Medicaid or NJ FamilyCare fee-for-service beneficiary enters the vehicle and the point at which he or she exits the vehicle;
2. The name (printed) of each Medicaid or NJ FamilyCare fee-for-service beneficiary transported in a multiple-load situation; and
3. The seven-digit Provider Billing Number of the provider at the place of destination.

(b) The transportation certification form shall be retained on file at the provider's place of business for a minimum period of five years from the date the service was rendered. The transportation certification form shall be made available for review upon request by staff of the Division of Medical Assistance and Health Services or the Division's Fiscal Agent during this period of time. If a transportation certification form is not on file for each service, or does not contain all the required elements and signatures as indicated in this section and on the sample transportation certification form in the Fiscal Agent Billing Supplement, Medicaid or NJ FamilyCare reimbursement for the service is subject to recoupment, as indicated in N.J.A.C. 10:49- 9.9.

1. Each hard-copy transportation claim form, MC-12, forwarded to the Division's Fiscal Agent shall include, as an attachment, a photocopy of a properly completed, signed and dated transportation certification form for each corresponding date of service for each beneficiary.

(c) The vehicle recognition number (ground ambulance and mobility assistance vehicle) that corresponds to the vehicle used to provide the respective transportation service shall be entered on the "Transportation Claim" (Form MC- 12) in Item 18 (REMARKS) when submitting hard copy claims to the Division's Fiscal Agent for ground ambulance and mobility assistance vehicle service.

## **END OF SUBCHAPTER 1**



## **SUBCHAPTER 2. HCFA COMMON PROCEDURES CODING SYSTEM (HCPCS)**

### **10:50-2.1 Introduction**

(a) The New Jersey Medicaid and NJ FamilyCare programs adopted the Health Care Financing Administration's (HCFA) Common Procedure Coding System (HCPCS). The HCPCS codes as listed in this Subchapter are relevant to Medicaid and NJ FamilyCare fee-for-services transportation services and must be used when filing a claim.

1. The responsibility of the transportation services provider when rendering services and requesting reimbursement is listed in Subchapter 1 and Subchapter 2 of this manual.

2. The column titled Maximum Fee Allowance indicates the amount of reimbursement or the symbol B.R.:

i. "B.R." (By Report) is listed instead of a dollar amount. It means that additional information will be required in order to properly evaluate the service. Attach a copy of the report to the MC-12 claim form.

(b) The following modifiers shall accompany the appropriate HCPCS procedure codes when applicable:

1. "22"                      Mileage, ground ambulance and mobility assistance vehicle service in excess of 15 miles one way (see 10:50-1.6(d)).
2. "XA"                      Base allowance, mobility assistance vehicle service, when a Medicaid beneficiary is transported to or from a nursing facility (see 10:50-1.5(f)).
3. "XE"                      Non-Medicare-covered service--to indicate that a ground ambulance service provided to a Medicare/Medicaid or Medicaid/NJ FamilyCare beneficiary is NOT reimbursable by Medicare because the place of destination is a physician's office, a clinic, or a dialysis facility, etc. Use modifier "XE" following all applicable HCPCS procedure codes when billing Medicaid or NJ FamilyCare for the non-Medicare reimbursable service; an Explanation of Medicare Benefits statement is not required.
4. "76"                      Repeat procedure--same day--to indicate that the service duplicates a service previously rendered to the same beneficiary on the same day. Use modifier "76" following all HCPCS procedure codes when billing for the repeat service. Do NOT use the modifier to bill for the first service. Failure to

use modifier "76" to indicate a second service on the same date of service will result in the denial of the second service as a duplicate. Likewise, affixing modifier "76" to both services will cause the claims to deny as duplicates.

# **10:50-2.2 HCPCS procedures codes and maximum fee schedule**

<u>HCPCS</u> <u>Code</u>	<u>Mod.</u>	<u>Description</u>	<u>Maximum</u> <u>Fee Allowance</u>
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## **(a) AMBULANCE SERVICE**

A0428		Ambulance Service, BLS, Non-Emergency Transport, Supplies Included, Mileage Separately Billed NOTE: ONE WAY: Enter "1" Unit of Service In Field 17F of the MC-12 Transportation Claim Form NOTE: ROUND TRIP: Enter "2" Units of Service in Field 17F of the MC-12 Transportation Claim Form	58.00
A0429		Ambulance Service, BLS, Emergency Transport, Supplies Included, Mileage Separately Billed NOTE: ONE WAY: Enter "1" Unit of Service in Field 17F of the MC-12 Transportation Claim Form NOTE: ROUND TRIP: Enter "2" Units of Service in Field 17F of the MC-12 Transportation Claim Form	58.00
A0425		BLS Mileage (Per Mile) NOTE: Ambulance Service, Per Mile, One Way and Round Trip. Applicable when one-way mileage is 15 miles or less.	1.50
Y0004		Ambulance Service (BLS) Per Mile, Transport, One Way NOTE: The higher rate is applicable for trips in excess of 15 miles one way, beginning with the first mile. The higher rate is applicable to both the one way and to the return trip.	2.00
A0430		Ambulance Service, Air, Helicopter Service, Transport	B.R.

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A0422	Ambulance Service, Oxygen, Administration and supplies, Life sustaining situation	12.00 per occurrence
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A0420	Waiting Time--Ambulance Service--One Way Trip Only	
	1/4 hour	2.50
	1/2 hour	5.00
	3/4 hour	7.50
	1 hour	10.00

NOTE: Reimbursable only on one way trips and only after 30 minutes have elapsed. It is reimbursable in 1/4 hour increments. Maximum reimbursement for waiting time is \$10.00 (1 hour).

(b) MOBILITY ASSISTANCE VEHICLE SERVICE

A0130	Non-Emergency Transportation: Wheelchair Van NOTE: Mobility Assistance Vehicle Service, One Way, Per Patient	25.00
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Y0002	Mobility Assistance Vehicle Service, Per Mile, One Way and Round Trip.	1.50
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Y0002 22	Mobility Assistance Vehicle Service, Per Mile, One Way and Round Trip, in excess of 15 miles one way. NOTE: The higher rate is applicable for trips in excess of 15 miles one way, beginning with the first mile. The higher rate is applicable to both the one way and to the round trip.	2.00
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Y0010	Waiting Time--Mobility Assistance Vehicle Service--One Way Trip Only	
	1/4 hour	1.25
	1/2 hour	2.50
	3/4 hour	3.75
	1 hour	5.00

NOTE: Reimbursable only on one way trips and only after 30 minutes have elapsed. It is reimbursable in 1/4 hour increments. Maximum reimbursement for waiting time is \$5.00 (1 hour).

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Y0060	Mobility Assistance Vehicle Service, Round Trip, Per Patient	50.00
Y0065	Extra crew differential, round trip	20.00
Y0070	Extra crew differential, one way	10.00
Y0075	Mobility Assistance Vehicle Oxygen per occurrence	12.00

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter/manual but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages will be distributed to providers and copies will be filed with the Office of Administrative Law.

For a copy of the Fiscal Agent Billing Supplement, write to:

Unisys Corporation  
PO Box 4801  
Trenton, New Jersey 08650-4801

or contact

Office of Administrative Law  
Quakerbridge Plaza, Bldg. 9  
PO Box 049  
Trenton, New Jersey 08625-0049

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